

Crown Care II LLP

St. James Court

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this home on 6 and 7 October 2014 where breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches of Regulation 13 and Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for St. James Court on our website at www.cqc.org.uk.

St James Court is a care home which is registered to provide accommodation and nursing care for up to 58 people, who may have dementia care needs. The home is purpose built and was registered in 2012.

On the day of this inspection, a manager was in place at the home and had submitted their application to become 'registered manager'. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the home had improved their policies, procedures and practice regarding the safe management and administration of medicines. Medicines at the home were appropriately stored, with temperature control mechanisms in place. Medication Administration Records (MAR) demonstrated the home administered medicines as instructed by the prescribing healthcare professional. Audits of medicines ensured any areas for improvement were identified and acted upon.

Summary of findings

Most staff had received a supervision. However, only 21 of the 50 staff employed to work at the home had received formal, written one to one supervision. We made a recommendation about formal, written one to one staff supervisions for all staff employed to work at the home. We will follow up this recommendation at the next

inspection. The home manager was in the process of conducting staff annual appraisals for all staff at the home. These were being conducted in line with a pre-appraisal self-assessment that the manager had asked all staff to complete prior to their annual appraisal taking place.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that since our last comprehensive inspection, action had been taken to improve safety at the home.

The home followed relevant policies and procedures to ensure medicines were managed safely. Information was provided to staff so they were aware of the medicine, dose and frequency to administer.

Audits were carried out by the home manager to ensure any errors or discrepancies were identified and addressed.

We could not improve the rating for 'Safe' from 'Requires Improvement' because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Requires improvement



Is the service effective?

We found that since our last comprehensive inspection, action had been taken to improve effectiveness at the home.

Most staff had received either one to one or group supervisions since January 2015. Staff annual appraisals were in progress at the home, which were conducted using a pre-appraisal self-assessment form that had been completed by staff on the home manager's request. We made a recommendation that the manager undertake formal, written one to one staff supervisions for all staff employed to work at the home. We will follow up this recommendation at the next inspection.

We could not improve the rating for 'Effective' from 'Requires Improvement' because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Requires improvement



St. James Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection of St. James Court on 26 May 2015. This inspection was to check

that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 6 and 7 October 2015 had been made. We inspected the home against two of the five questions we ask about services; 'Is the service safe?' and 'Is the service effective?'. This is because the home was previously not meeting some legal requirements.

This inspection was undertaken by one adult social care inspector. During our inspection we looked at medicines and medicines management at the home and seven staff personnel files, including supervision records.

Is the service safe?

Our findings

During our last inspection on 6 and 7 October 2014, we found evidence of a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Regulation 12(1) including Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014].

During this follow up inspection, which took place on 26 May 2015, we found the management of medicines at the home had improved and the home was following their written policies and procedures.

We looked at the Medication Administration Records (MAR) of people who lived at the home and found each MAR contained a photograph of the person and a photograph of each tablet/medicine with details of the medicine name, dose and frequency required. MAR charts also detailed how to administer medicines to each person e.g. with a glass of water with a straw.

We carried out a stock check of 14 medicines administered to people at the home and found that stock levels tallied with the amounts recorded on the corresponding MAR charts.

We spoke with a newly-appointed nursing unit manager, who told us that they had plans in place to review all medicines stored at the home. This was to ensure consistency across all units at the home, to reduce the chance of errors occurring.

Medicines were stored in locked medicine trolleys, which were then stored in locked treatment rooms. Only qualified nurses and appropriately trained members of staff had access to treatment rooms. Each treatment room at the home had temperature control mechanisms in place so that medicines were stored safely. This meant that, should treatment rooms exceed a certain temperature, fans turned on to cool the room down.

All required staff had received training in the safe handling of medicines.

Audits of medicines were conducted at the home by the home manager. These audits were carried out in each of the four treatment rooms at the home and any actions that were identified were recorded on corrective action forms. The corrective action forms showed actions identified, actions taken and a date and signature when the action was completed.

This demonstrated the home was compliant with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Regulation 12(1) including Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014].

Is the service effective?

Our findings

During our last inspection on 6 and 7 October 2014, we found evidence of a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Regulation 18(1) including Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014].

During this follow up inspection, which took place on 26 May 2015, we looked at the staff personnel files of seven staff members. We found five of these seven staff files contained details of formal, written one to one supervisions having taken place. The other two staff whose files we looked at had attended a group supervision.

We looked at the supervision matrix held by the home manager and saw that, since January 2015, 21 of the 50 staff employed at the home had received a formal, written one to one supervision. We also found that 12 staff had attended a group supervision at the home and four of the staff members who had not received supervision since January 2015 had commenced their employment at the home within the last two months and had undergone daily, informal supervisions. This meant that 70% of staff members had received some form of supervision since January 2015. We spoke with the home manager about the remaining 30% of staff having not received supervision since January 2015 and they told us that all staff who had

not received a supervision (either one to one or group) had a date booked for them to receive this. Therefore, we were satisfied that this was not a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the manager had arrangements in place for all staff to receive supervisions.

Whilst group supervisions did take place, we recommend that the home ensures all staff have formal, written one to one supervision so that staff performance can be better monitored and areas for improvement identified. We will follow up this recommendation at the next inspection.

We asked the home manager about staff annual appraisals carried out at the home. The home manager told us they had commenced the undertaking of annual appraisals by asking staff to complete a pre-appraisal self-assessment form, of which we saw evidence. This form asked staff to answer questions in areas such as performance, attendance and training. We saw evidence that the home manager had started to undertake formal annual appraisals with staff at the home using the completed pre-appraisal self-assessment form.

This demonstrated the home were compliant with Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Regulation 18(1) including Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014].